





Washoe County Association - TIP

Name (print)

Office (if applicable)

District (if applicable)

**Expenses in Excess of \$100**

NAME AND ADDRESS OF PERSON OR OFFICE ORGANIZATION WHO RECEIVED THE EXPENSE	CATEGORY (SEE INSTRUCTIONS)	DATE OF EXPENSE	AMOUNT OF EXPENSE
Terry Day*	J	7/23/01	\$ 872.00
Vivian Freeman*	E	6/6/02	\$ 1,000
Dawn Gibbons*	E	6/6/02	\$ 500
Greg Brower*	E	6/6/02	\$ 1,000
Sheila Leslie*	E	6/6/02	\$ 500
Debbie Smith*	E	6/6/02	\$ 1,000
Bernie Anderson*	E	6/6/02	\$ 1,000
Bernice Mathews*	E	6/6/02	\$ 500
Jo Carter*	E	6/6/02	\$ 1,000

\* addresses provided upon request

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Washoe County Teachers Association - TIP

Name (print)
Office (if applicable)
District (if applicable)

**Expenses In Excess of \$100**

NAME AND ADDRESS OF PERSON OR GROUP OF ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE	CATEGORY OF EXPENSE (SEE INSTRUCTIONS)	DATE OF EACH EXPENSE	AMOUNT OF EXPENSE
John Marvel*	E	8/21/02	\$ 500
Stacie Wilkie*	E	8/21/02	\$ 500
"Support Our Schools"*	E	\$ 5,000	8/21/02

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